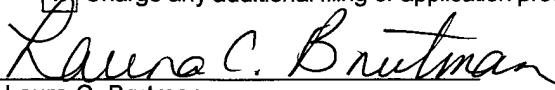


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

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AMENDMENT TRANSMITTAL LETTER				Docket No. 04303/100N156-US1	
Application No. 09/920,095-Conf. #4451		Filing Date July 31, 2001		Examiner P. Kumar	
				Art Unit 2631	
Applicant(s): Joel D. Medlock					
Invention: APPARATUS AND METHODS FOR SAMPLE SELECTION AND REUSE OF RAKE FINGERS IN SPREAD SPECTRUM SYSTEMS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	36	- 37 =		x	
Independent Claims	7	- 4 =	3	x 200.00	600.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					600.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 600.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Laura C. Brutman Attorney Reg. No.: 38,395				Dated: June 8, 2005	
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7664					
Express Mail Label No. _____ Dated: _____					

